

EXHIBIT 5



AAA Fire & Casualty Insurance Company
P.O. Box 24524 Oakland, CA 94623-1524
 For claims or customer service call:
(800) 207-3618

Homeowners Policy Declarations

POLICY NUMBER: HO3 - 003478748

TIER: Q1

RENEWAL DECLARATION

LOCATION OF INSURED PROPERTY

4626 S OXFORD AVE
 TULSA OK 74135

AGENCY NAME AND ADDRESS

AAA OKLAHOMA/9642/SOUTHEAST 044-9642
 9820 E 41ST ST STE 102
 TULSA OK 74146 (918) 496-0496

NAMED INSURED AND MAILING ADDRESS



MARYLYN STROME
 4626 S OXFORD AVE
 TULSA OK 74135-6829

POLICY PERIOD

| | | |
|-------------------|-----------------|---------------------|
| FROM: 07/31/17 | TO: 07/31/18 | TIME: 12:01 A.M. |
|-------------------|-----------------|---------------------|

This policy will continue for successive policy terms as long as the premiums required are paid, subject to the rate, rules and forms then in effect.

DESCRIPTION OF PROPERTY

PREMIUM TO BE PAID BY INSURED

| YR BUILT | YR ROOF BUILT | CONSTRUCTION TYPE | PROT CLASS | ROOF TYPE | OCCUPANCY | USAGE | # OF RES |
|----------|---------------|--------------------------|------------|--------------------|-----------|---------|----------|
| 1965 | 2006 | MASONRY, BRICK, OR STONE | 03 | ASPHALT/FIBERGLASS | OWNER | PRIMARY | 2 |

COVERAGES AND LIMITS OF LIABILITY

Insurance is provided only with respect to the following coverages for which a specific limit of liability is shown. Subject to all conditions of this policy.

| SECTION I | | | | SECTION II | |
|-----------|------------------|-------------------|-------------|------------------------------------|----------------------------|
| A | B | C | D | E | F |
| DWELLING | OTHER STRUCTURES | PERSONAL PROPERTY | LOSS OF USE | PERSONAL LIABILITY EACH OCCURRENCE | MEDICAL PAYMENTS TO OTHERS |
| 282,908 * | 28,291 | 198,036 | 84,872 | 300,000 | 1,000 |

* Your Section I coverage limits may have been changed to reflect changes in construction costs & other matters affecting replacement costs.

| | |
|-------------------------------|---|
| Deductible - Section I | (In case of loss under Section I, we cover only that part of the loss over the deductible(s)) |
| ALL PERILS \$ 1000 | Wind/Hail \$ 2829 |

FORMS AND ENDORSEMENTS

| NUMBER/ EDITION DATE | FORMS AND ENDORSEMENTS MADE PART OF THIS POLICY AT TIME OF ISSUANCE | PREMIUM |
|-------------------------|---|---------|
| HO 04 20 10 00 | SPECIFIED ADDTL INS - COVG A (150% EXTND REPL COST) | 130.00 |
| HO 04 90 10 00 | PERS PROP REPLACEMENT COST COV | 176.00 |
| HW 04 93 09 06 | ACV WIND/HAIL LOSS TO ROOF | 14.00CR |
| HW 04 95 12 09 | WATER BACK UP & SUMP OVERFLOW - LIMIT: 5000 - DEDUCTIBLE: 1000 | 45.00 |
| AAAEXX 07 14 | NAME CHANGE ENDORSEMENT | INCL. |
| HO 00 03 10 00 | HO3 SPECIAL FORM (10/06) | INCL. |
| HO 03 12 10 00 | WINDSTORM/HAIL % DEDUCTIBLE:1% | INCL. |
| HO 04 16 10 00 | PREMISES ALARM OR FIRE PROTECT | INCL. |
| HO 04 96 10 00 | NO LIABILITY FOR HOME DAYCARE | INCL. |
| HW A3 00 12 09 | HO-3 AMENDATORY ENDORSEMENT | INCL. |
| | Continued on next page... | |

ADDITIONAL EXPOSURES

| SWIMMING POOL | SPA/HOT TUB | TRAMPOLINE | WOOD STOVE | # OF LIVESTOCK | # DOGS |
|---------------|-------------|------------|------------|----------------|--------|
| N | N | N | N | 0 | 1 |

| |
|----------------------|
| BASIC POLICY PREMIUM |
| ENDORSEMENT PREMIUM |
| TOTAL POLICY PREMIUM |

DISCOUNTS

AAA MEMBERSHIP, COMPANION POLICY, PROTECTIVE DEVICE(S).

Countersignature

This Declaration is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all other terms of the policy.

Authorized Representative

| | | | |
|----------------|--------------------------------|-------------------------------|-------------|
| HW 02 OK 04 07 | Policy Number: HO3 - 003478748 | Named Insured: MARYLYN STROME | Page 1 of 2 |
|----------------|--------------------------------|-------------------------------|-------------|

INSURED COPY



AAA Fire & Casualty Insurance Company
P.O. Box 24524 Oakland, CA 94623-1524
 For claims or customer service call:
(800) 207-3618

Homeowners Policy Declarations

POLICY NUMBER: HO3 - 003478748

TIER: Q1
RENEWAL DECLARATION

LOCATION OF INSURED PROPERTY

4626 S OXFORD AVE
 TULSA OK 74135

AGENCY NAME AND ADDRESS

AAA OKLAHOMA/9642/SOUTHEAST 044-9642
 9820 E 41ST ST STE 102
 TULSA OK 74146 (918) 496-0496

NAMED INSURED AND MAILING ADDRESS

MARYLYN STROME
 4626 S OXFORD AVE
 TULSA OK 74135-6829

POLICY PERIOD

| | | |
|-------------------|-----------------|---------------------|
| FROM: 07/31/17 | TO: 07/31/18 | TIME: 12:01 A.M. |
|-------------------|-----------------|---------------------|

This policy will continue for successive policy terms as long as the premiums required are paid, subject to the rate, rules and forms then in effect.

DESCRIPTION OF PROPERTY

PREMIUM TO BE PAID BY INSURED

| YR BUILT | YR ROOF BUILT | CONSTRUCTION TYPE | PROT CLASS | ROOF TYPE | OCCUPANCY | USAGE | # OF RES |
|----------|---------------|--------------------------|------------|--------------------|-----------|---------|----------|
| 1965 | 2006 | MASONRY, BRICK, OR STONE | 03 | ASPHALT/FIBERGLASS | OWNER | PRIMARY | 2 |

COVERAGES AND LIMITS OF LIABILITY

Insurance is provided only with respect to the following coverages for which a specific limit of liability is shown. Subject to all conditions of this policy.

| SECTION I | | | | SECTION II | |
|-----------|------------------|-------------------|-------------|------------------------------------|----------------------------|
| A | B | C | D | E | F |
| DWELLING | OTHER STRUCTURES | PERSONAL PROPERTY | LOSS OF USE | PERSONAL LIABILITY EACH OCCURRENCE | MEDICAL PAYMENTS TO OTHERS |
| 282,908 * | 28,291 | 198,036 | 84,872 | 300,000 | 1,000 |

* Your Section I coverage limits may have been changed to reflect changes in construction costs & other matters affecting replacement costs.

| | |
|-------------------------------|---|
| Deductible - Section I | (In case of loss under Section I, we cover only that part of the loss over the deductible(s)) |
| ALL PERILS \$ 1000 | Wind/Hail \$ 2829 |

FORMS AND ENDORSEMENTS

| NUMBER/ EDITION DATE | FORMS AND ENDORSEMENTS MADE PART OF THIS POLICY AT TIME OF ISSUANCE | PREMIUM |
|-------------------------|---|---------|
| HW 01 35 04 07 | SPECIAL PROVISIONS - OK | INCL. |
| HW 09 15 03 08 | VICIOUS DOG LIABILITY EXCL | INCL. |
| HW 24 82 05 06 | PERSONAL INJURY | INCL. |

| ADDITIONAL EXPOSURES | | | | | | | |
|----------------------|-------------|------------|------------|----------------|--------|----------------------|-------------|
| SWIMMING POOL | SPA/HOT TUB | TRAMPOLINE | WOOD STOVE | # OF LIVESTOCK | # DOGS | | |
| N | N | N | N | 0 | 1 | | |
| | | | | | | BASIC POLICY PREMIUM | \$ 1,570.00 |
| | | | | | | ENDORSEMENT PREMIUM | \$ 337.00 |
| | | | | | | TOTAL POLICY PREMIUM | \$ 1,907.00 |

DISCOUNTS

AAA MEMBERSHIP, COMPANION POLICY, PROTECTIVE DEVICE(S).

Countersignature

This Declaration is part of your policy. It supersedes and controls anything to the contrary.
 It is otherwise subject to all other terms of the policy.

Authorized Representative

| | | | |
|----------------|--------------------------------|-------------------------------|-------------|
| HW 02 OK 04 07 | Policy Number: HO3 - 003478748 | Named Insured: MARYLYN STROME | Page 2 of 2 |
|----------------|--------------------------------|-------------------------------|-------------|

INSURED COPY